

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35307  
STATE FILE NUMBER

FILED NOV 4 1957

Registration District No. 101 Primary Registration District No. 5405 Registrar's No. 60

|  |                           |   |  |  |                              |  |  |  |
|--|---------------------------|---|--|--|------------------------------|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Douglas   |                           |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Douglas |                              |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>Jackson   |                           |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>         | c. CITY OR TOWN Ava,   |                              | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION   |                           |   | Length of stay in 1b   |  | d. STREET ADDRESS<br>Route 5 |  | (If outside, give location)<br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>Margaret Emaline Thompson  |                           |   |  | 4. DATE OF DEATH<br>Oct. 18, 1957  |                              |  |  |  |
| 5. SEX<br>Female   | 6. COLOR OR RACE<br>White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br>Aug. 16, 1874  |                              | 9. AGE (In years last birthday)<br>83  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife   |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>own home   |  | 11. BIRTHPLACE (City and state or country)<br>Buckhart, Missouri   |                              | 12. CITIZEN OF WHAT COUNTRY?<br>USA  |  |  |
| 13. FATHER'S NAME<br>Richard Marion Dobbs  |                           |   |  | 14. MOTHER'S MAIDEN NAME<br>Nancy Wheat  |                              |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No   |                           | 16. SOCIAL SECURITY NO.<br>None   |  | 17. INFORMANT<br>Wm. I. Thompson, Ava, Missouri R. 5   |                              |  |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerosis, advanced</u><br>DUE TO (b) <u>Gangrene, Rt foot &amp; leg.</u><br>DUE TO (c) <u>Heart Failure</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |                           |   |  |  |                              |  | INTERVAL BETWEEN ONSET AND DEATH<br>4501   |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                           |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |  |                              |  |  |  |
| 20c. TIME OF INJURY<br>a. m. p. m.   |                           |   |  |  |                              |  |  |  |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                           | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION   |                              | COUNTY STATE   |  |  |
| 21. I attended the deceased from <u>Sept 25/57</u> to <u>Oct 18/57</u> and last saw her alive <u>Oct 18/57</u><br>Death occurred at <u>6:</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                           |   |  |  |                              |  |  |  |
| 22a. SIGNATURE<br>(Dee or title)   |                           |   |  | 22b. ADDRESS<br>Ava, Mo.   |                              | 22c. DATE SIGNED<br>Oct 28, 57   |  |  |
| 23a. CEMETERY, CREMATION, REMOVAL (Specify)<br>Burial  |                           | 23b. DATE<br>10-20-57   |  | 23c. NAME OF CEMETERY OR CREMATORY<br>Hew Hope   |                              | 23d. LOCATION (City, town, or county) (State)<br>Evans, Missouri                     |  |  |
| 24. FUNERAL DIRECTOR<br>Clinkingbeard Funeral Home, Ava, Mo.   |                           |   |  | 25. DATE RECD. BY LOCAL REG.<br>Oct 30-57  |                              | 26. REGISTRAR'S SIGNATURE<br>Vestal Bushman  |  |  |

(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed

*Lytle S. Chisholm*

Licensed Embalmer No. 48

P. O. Address

*Ans.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.